



MassHR CSCP

COMMONWEALTH SUPERVISOR CERTIFICATE PROGRAM

Leadership Matters

Leadership Approval Form

As part of the CSCP application process, this form must be signed and submitted by **3:00PM, Thursday, December 10, 2015** to the following address. **NOTE:** the form submission must include all original (wet) signatures.

**Commonwealth Supervisor Certificate Program Application Committee
Human Resources Division
One Ashburton Place, Room 301
Boston, MA 02108**

CSCP Applicant: Complete the applicant information and obtain the requested signatures for their approval.

Applicant's Full name:

Job title:

Agency:

Supervisor Information

By signing this form, I grant approval for the employee listed above to participate in the Commonwealth Supervisor Certificate Program, and agree that I have read and understood the program requirements.

Supervisor's Full Name(print please):

Supervisor's Job Title:

Supervisor's Signature:

Date:

Agency Head (or designee) Information

By signing this form, I grant approval for the employee listed above to participate in the Commonwealth Supervisor Certificate Program.

Agency Head's full name(print please):

Agency Head signature:

Date: